

**Business Tax Receipt Division**

1607 NW 136 Ave., Bldg. B • Sunrise, FL 33323 • P: 954.572.2352 • F: 954.572.2357

**BUSINESS TAX RECEIPT APPLICATION**TYPE: ☐ NEW BUSINESS ☐ HOME-BASED BUSINESS ☐ POSTAL BOX ☐ ADDRESS CHANGE ☐ NAME CHANGE ☐ TRANSFER

DATE BUSINESS STARTED IN SUNRISE \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

CORP NAME \_\_\_\_\_ FICTITIOUS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ TAX I.D. # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER/APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ OWNER/APPLICANT DRIVER LIC. # \_\_\_\_\_ D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_

FULLY DESCRIBE EXACT NATURE OF BUSINESS \_\_\_\_\_

CHECK ONE ☐ BUSINESS OWNER ☐ CONTRACTOR/QUALIFIER ☐ MANAGER ☐ REGISTERED AGENT ☐ OTHER  
☐ CORPORATION ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ( ) GENERAL or ( ) LIMITED

EATING ESTABLISHMENTS: SEATING CAPACITY \_\_\_\_\_

LIVE OR MECHANICAL MUSIC: ☐ Yes ☐ No MUSIC TYPE \_\_\_\_\_ ALCOHOLIC BEVERAGES ☐ Yes ☐ NoTAKE OUT: ☐ Yes ☐ No RETAIL SALES: ☐ Yes ☐ No INVENTORY AMOUNT \$ \_\_\_\_\_

GASOLINE SERVICE STATIONS: NUMBER OF NOZZLES \_\_\_\_\_

CAR WASH ☐ Yes ☐ No REPAIR SHOP ☐ Yes ☐ NoRETAIL SALES ☐ Yes ☐ NoALCOHOLIC BEVERAGES ☐ Yes ☐ NoTOBACCO ☐ Yes ☐ No

INVENTORY AMOUNT \$ \_\_\_\_\_

MERCHANTS ☐ RETAIL ☐ WHOLESALE

\*INVENTORY AMOUNT \$ \_\_\_\_\_

\*\*\*\*\*The "INVENTORY AMOUNT" is defined as the YEARLY INVENTORY OF GOODS, AT YOUR COST.\*\*\*\*\*

DELIVERY ☐ No ☐ Yes VIDEO GAMES ☐ No ☐ Yes How many? \_\_\_\_\_ VENDING MACHINES ☐ No ☐ Yes How many? \_\_\_\_\_

ALL BUSINESSES: NUMBER OF FULL-TIME EMPLOYEES (Two part-time employees equal one full-time): \_\_\_\_\_

*I swear or affirm the information given on and with this application is true to the best of my knowledge and belief. I am authorized to act and bind the firm in all matters connected with the business.*

SIGNATURE OF OWNER/APPLICANT X \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**Social Security Number Collection Disclosure Statement:** Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking and benefit processing. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.**OFFICIAL USE ONLY**☐ SHARED SPACE FIRE FEE CODE \_\_\_\_\_ CONTROL # \_\_\_\_\_ LICENSE # \_\_\_\_\_